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## Regular Briefing of Central Disaster and Safety Countermeasure Headquarters on COVID-19

- ▲ Measures to improve the medical use system in preparation for prolonged COVID-19,
- ▲ Consultative meeting of medical community, hospital group and the government,
  - ▲ Expansion of health insurance pre-reimbursement,
  - ▲ Results of gathering public opinions on distancing in daily life -

**The Central Disaster and Safety Countermeasure Headquarters** held a meeting today **presided over by Head Chung Sekyun** (Prime Minister) along with the central government and 17 cities and provinces to review the current status and measures of COVID-19, and discuss **measures to improve the medical use system in preparation for prolonged COVID-19 at the Central Disaster and Safety Management Center of the Government complex Seoul.**

**Head Chung** emphasized, at the meeting, that although distancing in daily life is implemented, the central and local governments should

not loosen up, but remain vigilant, and **gather strength and wisdom together for infection prevention and control as there are still risk factors such as cases of unknown infection route in Daegu and Gyeongbuk.**

- He also asked that the relevant ministries and local governments to **carefully check whether there would be other blind spots for prevention** in addition to foreign workers, and **to take thorough measures once again to ensure close and tight prevention and control.**

1

**Measures to improve the medical use system in preparation for prolonged COVID-19**

- The Central Disaster and Safety Countermeasure Headquarters will **push for measures to improve the medical use system** to protect **medical institutions** and medical workers from infection and prevent gap in patient care, following the prolonged COVID-19.

**① Designation and operation of exclusive respiratory clinic**

- At first, 「**clinics exclusively treating respiratory diseases**」 will be **designated and operated** in order to **prevent** medical institutions **from infection** and **systematic medical system** will be established to **safely treat patients with respiratory and fever symptoms from the early stage.**
- Clinics solely responsible for respiratory disease were designated by actively reflecting the proposal from the medical association, and are

planned to be promoted as a win-win model for public-private cooperation.

- The medical community and the government agreed that a new medical use system should be arranged for the possible second wave of COVID-19 and an increase in the number of respiratory patients in fall and winter.
- In the future, the authorities plan to designate two types of clinics: an open-type clinic where local doctors participate while the local government provides space such as public health centers and public facilities, and
  - a medical institution clinic that the authorities designate among medical institutions equipped with infection control facilities.
- More detailed plans and guidelines related to the designation and operation of a dedicated respiratory clinic will be prepared in early May in consultation with the medical community.

<Overview of dedicated respiratory clinic>

- ◆ (Purpose) To establish a **systematic initial care system** for patients with respiratory symptom or fever
  - To fill the gap in patient care with respiratory symptoms led by COVID-19 and establish a safe medical system for other respiratory infectious diseases such as flu
- ◆ (Method) To establish and operate various models of 「**clinics exclusively treating respiratory disease**」 in the region to ensure safe treatment of respiratory patients

- ① (Open-type clinic) Local governments provide public health centers, public facilities, and separate spaces, with participation of local doctors (attending, roster system, etc.)
  - \* ‘Respiratory infection clinic’ in Hanam City (using a library), etc.
- ② (Medical institution clinic) Designate medical institutions (medical clinic, hospital-level medical institution) located in an independent building
  - \* Clinic-level medical institutions, respiratory clinics, safe hospitals of outpatient (type A), etc.

- ◆ (Subject) Patients with **respiratory symptoms and fever**
  - \* Symptoms such as continuous fever, cough, sore throat, etc. However, patients in severe conditions and patients with chronic respiratory diseases (multi-closed lung disease, asthma, etc.) are recommended to use the hospital they originally visited.
- ◆ (Function) ▲ Diagnosis · prescription, ▲ If COVID-19 testing is deemed necessary, proceed with sample collection · diagnostic test or make a referral to a screening station in health center. ▲ If a patient is confirmed, take measures by contacting the health authorities.

## ② Improvement of the operation of telephone consultations and prescriptions

- As a result of collecting opinions from medical institutions, telephone consultations and prescriptions are **more difficult** than conventional face-to-face care, and **require special human resources and additional equipment**.
- Accordingly, **the clinic-level medical institutions** providing telephone consultation and prescription will be supported for **additional telephone consultation management fee** (about 30% of the consultation fee) other than the consultation fee in order to **properly compensate for the effort of medical institutions** for telephone consultations and prescriptions.
- **In consideration of the financial fairness** of patients using telephone consultation compared to the patients using conventional face-to-face care, the telephone consultation management fee will be **fully paid by the national health insurance**, and it is scheduled to be **implemented from early May**.

2

**Consultative meeting of medical community, hospital group and the government**

- Kim Ganglip, Overall coordinator 1 of the Central Disaster and Safety Countermeasure Headquarters (Vice Minister of Health and Welfare) held a meeting, a so-called consultative meeting of medical community, hospital group and the government, with President Choi Daezip of the

Korean Medical Association, and President Jeong Young Ho of the Korean Hospital Association at 7:50 am on May 4 (Monday) to listen to opinions of the medical community and discuss ways to support responses against COVID-19.

- Overall coordinator 1 Kim expressed, at the meeting, **his gratitude and respect** for the medical workers who **voluntarily devoted themselves** at the forefront of combating COVID-19.
- He also said that **a new medical use system is needed to protect medical institutions from the risk of infections** and ensure a safe medical environment for patients, following the prolonged COVID-19.
- The medical community and the government agreed that it is necessary to **designate and operate a dedicated respiratory clinic that specializes in treating patients with respiratory symptoms or fever**, and that **support should be strengthened to get rid of the operational difficulties of medical institutions** due to the decrease in the number of patients.

<Overview of the consultative meeting>

- ◆ Date : May 4, 2020 (Monday), 07:50 ~ 08:50
- ◆ Place : Dalgaebi, Conference House (Jung-gu, Seoul)
- ◆ Attendees (5 in total)
  - Kim Ganglip, Overall coordinator 1 of the Central Disaster and Safety Countermeasure Headquarters (Vice Minister of Health and Welfare), Kim Heonju, Head of Human Resource Management Division of Central Disaster Management Headquarters, Lee Giil, Head of Medical Support
  - Choi Daezip, President of the Korean Medical Association, and Jeong Young Ho, President of the Korean Hospital Association
- ◆ Main Contents:
  - Listen to opinions from the medical community and discuss how to support responses against COVID-19

3

**Expansion of health insurance pre-reimbursement**

- With continued operational difficulties of medical institutions working at the forefront of COVID-19 diagnostic tests and patient care,
- **the Central Disaster and Safety Countermeasure Headquarters** decided to **additionally support** the medical institutions by **extending** the implementing period of **health insurance pre-reimbursement for one more month**, which was originally supposed to be provided by May. This measure will help medical institutions to be committed to patient care without financial difficulties.

- In particular, the government plans to actively support medical institutions in financial difficulties to help them stably operate by pre-reimbursing the additionally extended payment for June in a lump-sum in May.

<Pre-reimbursement overview>

- ◆ It is a system that NHI (National Health Insurance) **pre-reimburses 90% to 100% of the average monthly benefits of the previous year** to healthcare facilities, including medical institutions and pharmacies,
  - \* 100% for healthcare facilities in Daegu and Gyeongbuk province, screening stations, hospitals operating nationally designated isolation beds, national safe hospitals, and hospitals operating beds for patients in severe condition, etc. 90% for other healthcare facilities.
- ◆ and **settles them upon the occurrence of follow-up medical expenses, so that healthcare facilities** can continue their basic operations, such as the payment of labor costs.

4 Main results of gathering public opinions on distancing in daily life

- The Central Disaster and Safety Countermeasure Headquarters **conducted an online survey throughout the entire nation** from April 12 to April 26 to collect questions and suggestions from the public about **distancing in daily life.**
- A total of **8,747 people participated in the online survey, and various opinions were presented at the institutional and social level on the 5 core rules of distancing in daily life.**

\* [Note] Survey overview

- (Survey period and channel) April 12 (Monday)~April 26 (Sunday), for two weeks, Facebook of the Ministry of Health and Welfare
- (Surveyed contents) Questions and suggestions on the 5 codes of conduct related to individual prevention
- (Number of participants) A total of 8,447 (as of 14:00, April 27, excluding no response and 300 duplicate comments)
- (Major characteristics of respondents)
  - (Age) Participated in order of: those in their 30s (46.3%), those in their 40s (25.4%), those in their 20s (18.1%), those in their 50s (6.5%), those in their 60s and older (3.0%), those in their 10s (0.7%)
  - (Region) Participated in order of: Seoul (29.7%), Gyeonggi (24.2%), Gyeongsang (24.1%), Chungcheong (7.7%)
  - (Whether to be infected with COVID-19) Non-experienced persons 92.6%, experienced persons 7.4% (confirmed persons 0.4% (33 persons), those directly placed under self-quarantine 2.2% (189 persons), those who have experienced a diagnostic test 4.8% (403 persons))

As a result of gathering public opinions on each rule of distancing in daily life, the rate of respondents who expressed their opinions on **rule 1** (take a rest at home for 3~4 days if you feel sick) was the highest with **28.6%**. In terms of **both importance** (50.9%) and **recognition of easy practice** (a rule that one feels the easiest to practice) (70.1%, for individuals), **the rule 3** (wash your hands, cover your mouth with sleeve when coughing) was the highest according to the survey. On the other hand, when it comes to the difficulty to practice (a rule that one feels the most difficult to practice), people answered **the rule 1** (take a rest at home for 3~4 days if you feel sick) was the most difficult to practice personally, socially, and social-structurally in all age groups except for teenagers.

□ As a result of gathering public opinions on questions and suggestions by **classifying respondents based on whether to be infected with COVID-19** (confirmed persons, those placed under self-quarantine, those who have gone through a diagnostic test) **and age groups, the questions and suggestions for each of the 5 core rules presented by the public are as follows.**

\* Non-experienced persons 92.6%, experienced persons 7.4% (confirmed persons 0.4%, those directly placed under self-quarantine 20.2%, those who have experienced a diagnostic test 4.8%)

< **Rule 1 “Take a rest at home for 3~4 days if you feel sick”** >

○ **(Questions)** The most frequently asked question was **“how to respond in a situation which is not possible to take a rest”**, and in particular, those **experienced with COVID-19 raised specific concerns** about the character of their day-offs, whether to protect them from disadvantages, and whether to impose sanctions on violations of compliance with the rules.

\* (The most frequently asked questions) In order of △ practicability △ ways to distinguish between common cold and COVID-19 (the highest response rate in those in their 50s or older) △ how to respond to employer’s work order

○ **(Suggestions)** A **high proportion of people across all age groups said that it is necessary to prepare system to guarantee vacation and prevent disadvantages**, and the proportion was higher among the non-experienced group than the experienced group.

- \* (The most highly suggested points) In order of  $\Delta$  need to build compulsory measures for absenteeism (including institutional measures to prevent disadvantages),  $\Delta$  improving social awareness and government-level support for participating companies,  $\Delta$  active cooperation of companies (accepting sick-leaves, preparation for substitute workers, etc.)

## < Rule 2 “Keep a distance of two arms-length from others” >

- (Questions) The most frequently asked question was **“how to keep a 2m distance when using public transportation.”** In particular, the COVID-19 experienced persons raised the **question about ways to practice keeping distance in specific situations** (when commuting, etc.) and **pointed out its effectiveness** that the rule is difficult to practice only by personal efforts.

- \* (The most frequently asked questions)  $\Delta$  How to keep a 2m distance when using public transportation,  $\Delta$  effectiveness of maintaining 2m distance under the situation beyond self-control,  $\Delta$  infection prevention level which is guaranteed by 1~2m distancing (the highest response rate in those in their 50s or older and non-experienced group)

- (Suggestions) Both COVID-19 experienced and non-experienced groups **suggested “wearing a mask at all times” as a way for keeping distance in public transportation and public places.** Among **the non-experienced people**, the proportion of **suggesting public relations regarding the importance of keeping distance** was the highest, whereas among **the experienced people**, the proportion of **suggestions for specific practice (inducement) methods** such as **attaching promotional materials that visualize distancing in public places** was high.

- \* (Suggestions by the public) Suggested in order of  $\Delta$  promoting the

importance of keeping distance, △ wearing a mask even if you are asymptomatic (wearing a mask at all times), △ keeping distance

< **Rule 3 “Wash your hands frequently and cover your mouth with your sleeve when coughing”** >

○ (Questions) Both experienced and non-experienced people were found to be curious about **the safety of public use soap and how to wear a mask correctly for each specific circumstance.**

\* (The most frequently asked questions) In order of △ whether to prevent infection with only using disinfectants (without soap) (the highest response rate in those under 40s who have not experienced COVID-19, and female groups), △ safety of public soap (infection status), and △ the right way to wear a mask for each situation, such as indoor and outdoor use, etc.

○ (Suggestions) Although **“making a habit of correct hand washing in each group”** was suggested many times, overall, people strongly **suggested wearing a mask beyond coughing etiquette**, such as “coughing after wearing a mask”, “mandatorily wearing a mask when going out.”

\* (The most highly suggested by the public) Suggested in order of: △ placing hand sanitizers at public places, △ mandatorily wearing a mask when going out, and △ making a habit of correct hand washing.

< **Rule 4 “Ventilate more than twice a day and disinfect surroundings regularly”** >

○ (Questions) There were a number of questions about **ventilation**

**standards** (ventilation time, interval, frequency, etc.), and in particular, **the COVID-19 experienced people** were found to be mainly curious about **specific disinfection methods** such as the number and amount of disinfection, products for disinfection, and dilution ratio.

\* (Questions by the public) △ Ventilation time/interval/frequency, △ ventilation method considering fine dust, and △ risk of airborne transmission during ventilation

○ **(Suggestions)** The main proposal was **to strengthen public relations for Rule 4**, and particularly, **those who experienced self-quarantine suggested specific promotion methods** such as videos on disinfection, broadcasting and radio promotions, posters, and campaigns.

\* (Suggestions by the public) Suggested in order of △ mandatory ventilation, and △ strengthening public relations and direct education

< **Rule 5 “Be together in the mind while keeping the physical distance”** >

○ **(Questions)** The most frequently asked question was about **the support management for vulnerable groups** (children, the elderly, etc.). However, **those younger than the 30s, who were relatively less involved with the vulnerable group, asked about strengthening public relations at regional level, the most.**

\* (Questions by the public) △ Support management for the vulnerable, △ punishment for providing inappropriate information (press, broadcasting), and △ how to identify the right information

○ **(Suggestions)** A **high percentage** of the respondents suggested **“frequently calling the vulnerable”**, and the higher percentage of **the experienced group** suggested **contact through phone, kakaotalk group**

chat room, and messengers or support for vulnerable groups than the non-experienced group.

\* (The most highly suggested by the public) △ Contacting frequently by phone, △ punishment for sharing fake news, and △ using SNS, messengers

- The Central Disaster and Safety Countermeasure Headquarters plans to review the answers of the public's major questions and key suggestions for each core rule about distancing in daily life by consultation with relevant ministries, experts and stakeholders in the future.